

GENERAL APPENDIX 12**COST-SHARING FOR ALL KIDS AND FAMILY CARE
SHARE AND PREMIUM**

Benefit	Cost-Sharing *	
	Share	Premium
Inpatient hospital services	\$2/admission	\$5/admission
Emergency hospital services	\$2/visit	\$5/visit OR \$25/visit when emergency room is used for non- emergency reason
Outpatient hospital services	\$2/visit	\$5/visit
Physician services	\$2/visit	\$5/visit
Clinic services	\$2/visit	\$5/visit
Prescription drugs	\$2/Prescription (1-30 day supply)	\$3/Generic OR \$5/Brand Name Prescription (1-30 day supply)
Over-the-counter (OTC) medications (Coverage for OTC medications for adults age 21 and over is limited to smoking cessation, diabetic supplies and insulin.)	\$2/Prescription (1-30 day supply) covered only when prescribed	\$3/Generic OR \$5/Brand Name Prescription (1-30 day supply) covered only when prescribed
Outpatient laboratory and radiology services (hospital based or independent)	\$0	\$0
Prenatal care	\$0	\$0
Family planning services	\$2/Visit	\$5/Visit

Benefit	Cost-Sharing *	
	Share	Premium
Inpatient mental health services	\$2/Admission	\$5/Admission
Outpatient mental health services	\$2/Visit	\$5/Visit
Inpatient substance abuse treatment services	\$2/Admission	\$5/Admission
Residential substance abuse treatment services	\$2/Admission	\$5/Admission
Outpatient substance abuse treatment services	\$2/Visit	\$5/Visit
Durable medical equipment	\$0	\$0
Disposable medical supplies	\$0	\$0
Preventive dental services	\$0	\$0
Restorative dental services	\$2/Visit	\$5/Visit
Hearing screening	\$0	\$0
Vision screening	\$0	\$0
Optometric services	\$2/Visit	\$5/Visit
Corrective lenses (including eyeglasses)	\$0	\$0
Immunizations	\$0	\$0
Well-baby visits	\$0	\$0
Well-child visits	\$0	\$0
Early Intervention services	\$0	\$0
Emergency medical transportation	\$0	\$0
Non-emergency medical transportation	\$0	\$0

Benefit	Cost-Sharing *	
	Share	Premium
Physical therapy	\$0	\$0
Speech therapy	\$0	\$0
Occupational therapy	\$0	\$0
Physical rehabilitation services (hospital based)	\$0	\$0
Advanced Practice Nurses	\$2/Visit	\$5/Visit
Podiatric services	\$2/Visit	\$5/Visit
Chiropractic services	\$2/Visit	\$5/Visit
Audiology	\$0	\$0
Home health care services	\$2/Visit	\$5/Visit
Nursing facility	\$0	\$0
ICF/MR	\$0	\$0
Hospice care	\$0	\$0
Private-duty nursing	\$2/Visit	\$5/Visit
EPSDT not otherwise listed above	\$0	\$0

* Cost Sharing - No copayments are required for preventive or diagnostic services. The annual copayment maximum per family is \$100. Families with children who are of American Indian or Alaska Native ancestry may not be charged a copayment.

GENERAL APPENDIX 13**COST-SHARING FOR CHILDREN ENROLLED IN ALL KIDS EXPANSION**

	Premium Level 2	Premium Level 3	Premium Level 4	Premium Level 5	Premium Level 6	Premium Level 7	Premium Level 8
CPT Codes 99201 – 99215	\$10/visit	\$15/visit	\$20/visit	\$25/visit	\$25/visit	\$25/visit	\$25/visit
CPT Codes 99241 – 99245	\$10/visit	\$15/visit	\$20/visit	\$25/visit	\$25/visit	\$25/visit	\$25/visit
CPT Codes 90801 – 90911	\$10/visit	\$15/visit	\$20/visit	\$25/visit	\$25/visit	\$25/visit	\$25/visit
CPT Codes 92002 – 92015	\$10/visit	\$15/visit	\$20/visit	\$25/visit	\$25/visit	\$25/visit	\$25/visit
CPT Codes 98940 – 98943	\$10/visit	\$15/visit	\$20/visit	\$25/visit	\$25/visit	\$25/visit	\$25/visit
T1015 (Per Billable Encounter)	\$10	\$15	\$20	\$25	\$25	\$25	\$25
Restorative Dental	\$10/visit	\$15/visit	\$20/visit	\$25/visit	\$25/visit	\$25/visit	\$25/visit
Prescription Drugs (Per 30-day supply) Including insulin and diabetic supplies.	Brand \$7 Generic \$3	Brand \$14 Generic \$6	Brand \$21 Generic \$9	Brand \$28 Generic \$12	Brand \$28 Generic \$12	Brand \$28 Generic \$12	Brand \$28 Generic \$12
Emergency Room Visit	\$30	\$50	\$75	\$75	\$75	\$75	\$75
Hospital Admission (Including admissions for substance abuse and mental health services)	\$100	\$150	\$200	10% of HFS rate per admission	10% of HFS rate per admission	10% of HFS rate per admission	25% of HFS rate per admission
Hospital Outpatient Services % of HFS rate paid for each outpatient service	5%	10%	15%	20%	20%	20%	25%
Annual Copayment Maximum	\$500 per child for hospital services	\$750 per child for hospital services	\$1,000 per child for hospital services	\$5,000 per child for hospital services	\$5,000 per child for hospital services	\$5,000 per child for hospital services	No Maximum

No copayment for Well-Child, Immunizations or Family Planning Services.
Non-emergency transportation services are not covered.

**COPAYMENT PROCEDURE CODES FOR TITLE 19
PARTICIPANTS AGE 19 AND OLDER**

Code	Description
92002	General Ophthalmologic Services
92004	General Ophthalmologic Services
92012	General Ophthalmologic Services
92014	General Ophthalmologic Services
92015	General Ophthalmologic Services
98940	Chiropractic Manipulative Treatment
98941	Chiropractic Manipulative Treatment
98942	Chiropractic Manipulative Treatment
98943	Chiropractic Manipulative Treatment
99201	Office visit, new
99202	Office visit, new
99203	Office visit, new
99204	Office visit, new
99205	Office visit, new
99211	Office visit, est.
99212	Office visit, est.
99213	Office visit, est.
99214	Office visit, est.
99215	Office visit, est.
99241	Office Consult, est.
99242	Office Consult, est.
99243	Office Consult, est.
99244	Office Consult, est.
99245	Office Consult, est.

For information on excluded patient populations and services, refer to 89 Ill. Adm. Code 140.402.

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COST-SHARING FOR VETERANS CARE

CPT Codes 99201 – 99215	\$15/visit
CPT Codes 99241 – 99245	\$15/visit
CPT Codes 90801 – 90911	\$15/visit
CPT Codes 92002 – 92015	\$15/visit
CPT Codes 98940 – 98943	\$15/visit
T1015 (Per Billable Encounter)	\$15
Restorative Dental	\$15/visit
Prescription Drugs (Per 30-day supply) Including insulin and diabetic supplies.	Brand \$14 Generic \$6
Emergency Room Visit	\$50
Hospital Admission (Including admissions for substance abuse and mental health services)	\$150
Hospital Outpatient Services % of HFS rate paid for each outpatient service	10%
Annual Copayment Maximum	No Maximum

Non-emergency transportation, long term care, supportive living facility and waiver services are not covered.

